

Fill in this information to identify the case:

Debtor Name	Kevin S. Foor	
United States Bankruptcy Court for the:	Western	District of PA (State)
Case number:	NO. 19-70130 JAO	

NO. 19-70130-JAD

**Official Form 426**

**Periodic Report Regarding Value, Operations, and Profitability of Entities  
In Which the Debtor's Estate Holds a Substantial or Controlling Interest**

12/17

This is the *Periodic Report* as of 17-31-2020 on the value, operations, and profitability of those entities in which a Debtor holds, or two or more Debtors collectively hold, a substantial or controlling interest (a "Controlled Non-Debtor Entity"), as required by Bankruptcy Rule 2015.3. For purposes of this form, "Debtor" shall include the estate of such Debtor.

[Name of Debtor] holds a substantial or controlling interest in the following entities:

Name of Controlled Non-Debtor Entity

Interest of the Debtor

Tab #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This *Periodic Report* contains separate reports (*Entity Reports*) on the value, operations, and profitability of each Controlled Non-Debtor Entity.

Each *Entity Report* consists of five exhibits.

*Exhibit A* contains the most recently available: balance sheet, statement of income (*loss*), statement of cash flows, and a statement of changes in shareholders' or partners' equity (*deficit*) for the period covered by the *Entity Report*, along with summarized footnotes.

*Exhibit B* describes the Controlled Non-Debtor Entity's business operations.

*Exhibit C* describes claims between the Controlled Non-Debtor Entity and any other Controlled Non-Debtor Entity.

*Exhibit D* describes how federal, state or local taxes, and any tax attributes, refunds, or other benefits, have been allocated between or among the Controlled Non-Debtor Entity and any Debtor or any other Controlled Non-Debtor Entity and includes a copy of each tax sharing or tax allocation agreement to which the Controlled Non-Debtor Entity is a party with any other Controlled Non-Debtor Entity.

*Exhibit E* describes any payment, by the Controlled Non-Debtor Entity, of any claims, administrative expenses or professional fees that have been or could be asserted against any Debtor, or the incurrence of any obligation to make such payments, together with the reason for the entity's payment thereof or incurrence of any obligation with respect thereto.

This *Periodic Report* must be signed by a representative of the trustee or debtor in possession.

Debtor Name Kevin S. Foor

Case number \_\_\_\_\_

The undersigned, having reviewed the *Entity Reports* for each Controlled Non-Debtor Entity, and being familiar with the Debtor's financial affairs, verifies under the penalty of perjury that to the best of his or her knowledge, (i) this *Periodic Report* and the attached *Entity Reports* are complete, accurate, and truthful to the best of his or her knowledge, and (ii) the Debtor did not cause the creation of any entity with actual deliberate intent to evade the requirements of Bankruptcy Rule 2015.3

For non-individual  
Debtors: X

Signature of Authorized Individual

Printed name of Authorized Individual

Date MM / DD / YYYY

For individual Debtors:

X K S Foor

X

Signature of Debtor 1

Kevin S. Foor

Signature of Debtor 2

Printed name of Debtor 1

Date 7 / 31 / 2020  
MM / DD / YYYY

Printed name of Debtor 2

Date MM / DD / YYYY



Debtor Name Kevin S. Foor Case number \_\_\_\_\_

**Exhibit A: Financial Statements for [Name of Controlled Non-Debtor Entity]**

Debtor Name

Kevin S. Foor

Case number

**Exhibit A-1: Balance Sheet for [Name of Controlled Non-Debtor Entity] as of [date]**

(Provide a balance sheet dated as of the end of the most recent 3-month period of the current fiscal year and as of the end of the preceding fiscal year.)

(Describe the source of this information.)

Attached is my D.I.P. account  
bank statement

Debtor Name

Kelli S. Foor

Case number

**Exhibit A-2: Statement of Income (Loss) for [Name of Controlled Non-Debtor Entity] for period ending [date]**

(Provide a statement of income (loss) for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.)

I have no income from Saxon Station Pharmacy  
I am employed by Medicine Shoppe Pharmacy  
I have attached last 3 pay stubs

Debtor Name Kevin S. Fear

Case number \_\_\_\_\_

**Exhibit A-3: Statement of Cash Flows for [Name of Controlled Non-Debtor Entity] for period ending [date]**

(Provide a statement of changes in cash position for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

Debtor Name

Kevin S. Foar

Case number

**Exhibit A-4: Statement of Changes in Shareholders'/Partners' Equity (Deficit) for [Name of Controlled Non-Debtor Entity] for period ending [date]**

[Provide a statement of changes in shareholders'/partners equity (deficit) for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

Debtor Name Kevin S. Foor

Case number \_\_\_\_\_

**Exhibit B: Description of Operations for [Name of Controlled Non-Debtor Entity]**

[Describe the nature and extent of the Debtor's interest in the Controlled Non-Debtor Entity.]

Describe the business conducted and intended to be conducted by the Controlled Non-Debtor Entity, focusing on the entity's dominant business segments.

Describe the source of this information.]

Debtor Name

Kevin S. Foot

Case number

**Exhibit C: Description of Intercompany Claims**

[List and describe the Controlled Non-Debtor Entity's claims against any other Controlled Non-Debtor Entity, together with the basis for such claims and whether each claim is contingent, unliquidated or disputed.]

Describe the source of this information.]

Debtors Name

Kevin S. Foor

Case number

**Exhibit D: Allocation of Tax Liabilities and Assets**

[Describe how income, losses, tax payments, tax refunds, or other tax attributes relating to federal, state, or local taxes have been allocated between or among the Controlled Non-Debtor Entity and one or more other Controlled Non-Debtor Entities.]

Include a copy of each tax sharing or tax allocation agreement to which the entity is a party with any other Controlled Non-Debtor Entity.

Describe the source of this information.]

My 2019 taxes are attached

Debtor Name

Kevin S. Foor

Case number \_\_\_\_\_

**Exhibit E: Description of Controlled Non-Debtor Entity's payments of Administrative Expenses, or Professional Fees otherwise payable by a Debtor**

(Describe any payment made, or obligations incurred (or claims purchased), by the Controlled Non-Debtor Entity in connection with any claims, administrative expenses, or professional fees that have been or could be asserted against any Debtor.

Describe the source of this information.]

Business Checking \*\*\*\*3126

## Account Activity

Balances as of	Available Balance:	Ledger Balance:
7/20/2020	\$2,039.25	\$2,687.53

### Pending Transactions

Date	Description	Category	Check	Deposits	Withdrawals
7/20/2020	PROCESSING: CHECK 666	UNCATEGORIZED			(\$92.00)
7/20/2020	PROCESSING: CHECK 662	UNCATEGORIZED			(\$506.28)
7/20/2020	PROCESSING: CHECK 668	UNCATEGORIZED			(\$50.00)

### Transactions

Date	Description	Category	Check	Deposits	Withdrawals	Balance
7/17/2020	Check	UNCATEGORIZED	0000000667		(\$193.49)	\$2,687.53
7/16/2020	Check	UNCATEGORIZED	0000000661		(\$401.09)	\$2,881.02
7/14/2020	Check	UNCATEGORIZED	0000000659		(\$50.00)	\$3,282.11
7/14/2020	38838 POS PUR 07/13 13:22 BROTHERS PIZZA & 814- 3649817 PA 75928786 0388-5812	Restaurants			(\$70.01)	\$3,332.11
7/13/2020	838336 PIN PUR 07/12 14:39 SHELL SERVICE ST EVERETT PA 67168801 038336 ~5541	Fuel			(\$10.38)	\$3,402.12
7/13/2020	10209 PIN PUR 07/11 16:58 WAL- MART #1684 EVERETT PA 16840046 054364 ~5310	Discount Stores			(\$62.98)	\$3,412.48
7/13/2020	COMMWLTHOFPATS PAINSTPLAN XXXXX1990	UNCATEGORIZED			(\$75.00)	\$3,475.48
7/10/2020	39000 CL CRESSLE DIR DEP 919	UNCATEGORIZED		\$3,343.05		\$3,550.46
7/8/2020	ERIE LIFE INSUR PREM P 2AT1016284	UNCATEGORIZED			(\$127.51)	\$207.41
7/8/2020	ERIE INS GROUP ERIEXPSPAY QXXXXX9846	UNCATEGORIZED			(\$444.42)	\$334.92
7/7/2020	725289 POS PUR 07/07 07:28 SHEETZ 0023 EVERETT PA 08081001 725289 ~5542	Fuel			(\$35.01)	\$779.34
7/7/2020	CARDMEMBER SERV ELECT PYMT *****7755	UNCATEGORIZED			(\$107.00)	\$814.35

Date	Description	Category	Check	Deposits	Withdrawals	Balance
7/7/2020	West Penn Power CHECK PYMT 0658	UNCATEGORIZED			(\$220.81)	\$921.35
7/7/2020	VERIZON FINANCIA PAYMENTS 0657	UNCATEGORIZED			(\$700.00)	\$1,142.16
7/6/2020	817425 POS PUR 07/04 15:53 SHEETZ 0023 EVERETT PA 08081001 817425 ~5542	Fuel			(\$32.00)	\$1,842.16
7/6/2020	87878 POS PUR 07/03 23:47 APPLEBEE'S ALTO92 ALTOONA PA 19 087878 ~5812	Restaurants			(\$60.48)	\$1,874.16
7/6/2020	Deposit	UNCATEGORIZED		\$80.00		\$1,934.64
7/3/2020	35152 POS PUR 07/02 14:25 ORIGINAL ITALIAN 814-6525135 PA 76231127 0351~5812	Restaurants			(\$32.18)	\$1,874.64
7/3/2020	459029 PIN PUR 07/03 14:28 UNIFORM PLACE 20 ALTOONA PA 89999999 459029 ~5137	Misc. Service Providers			(\$36.98)	\$1,906.82
7/3/2020	Check	UNCATEGORIZED	0000000104		(\$47.00)	\$1,943.80
7/3/2020	242436 PIN PUR 07/03 12:06 AM EAGLE OUTFIT ALTOONA PA 08215630 242436 ~5691	Retail Store			(\$85.89)	\$1,990.80
7/3/2020	60992 PIN PUR 07/03 12:32 BATH- & BODY WORK ALTOONA PA 43847201 060992 ~5998	Misc. Specialty Retail			(\$88.51)	\$2,076.69
7/3/2020	853325 PIN PUR 07/03 13:40 KOHLS 0970 213 S ALTOONA PA 99999999 853325 ~5311	Retail Store			(\$94.04)	\$2,165.20
7/3/2020	61243 POS PUR 07/01 18:21 DISH NETWORK-ONE 800-333- 3474 CO 00010001 061~4899	Cable, Satellite, and Ot...			(\$180.15)	\$2,259.24
7/2/2020	254869 POS PUR 07/02 08:42 SHEETZ 0023 EVERETT PA 08081001 254869 ~5542	Fuel			(\$40.50)	\$2,439.39
6/30/2020	600806 PIN PUR 06/29 18:19 TRACTOR SUPPLY # HUNTINGDON PA 99999999 60080~5599	UNCATEGORIZED			(\$19.60)	\$2,479.89
6/29/2020	931940 PIN PUR 06/27 17:58 KOHLS 0987 17145 HAGERSTOWN MD 99999999 93194~5311	Retail Store			(\$7.13)	\$2,499.49
6/29/2020	40069 POS PUR 06/26 14:57 MILE LEVEL FARM BEDFORD PA 75281072 040069 ~5411	Food			(\$24.85)	\$2,506.62
6/29/2020	383860 POS PUR 06/29 07:14 SHEETZ 0023 EVERETT PA 08081001 383860 ~5542	Fuel			(\$34.03)	\$2,531.48
6/29/2020	AAA LIFE INS PREM XXXXXX8873 ALAN	UNCATEGORIZED			(\$49.49)	\$2,585.51
6/29/2020	COMMWLTHOFPATS PAINSTPLAN XXXXX1990	UNCATEGORIZED			(\$75.00)	\$2,615.00

Date	Description	Category	Check	Deposits	Withdrawals	Balance
6/29/2020	667038 PIN PUR 06/27 17:26 ANN Misc. Specialty Retail TAYLOR FACTO HAGERSTOWN MD 03137306 66703~5631				(\$174.78)	\$2,690.00
6/29/2020	75770 POS PUR 06/27 22:17 DISH NETWORK-ONE 800-333-3474 CO 00010001 075-4899	Cable, Satellite, and Other			(\$194.99)	\$2,864.78
6/26/2020	64716 POS PUR 06/25 18:27 ORIGINAL ITALIAN 814-6525135 Restaurants PA 76231127 0647-5812				(\$24.50)	\$3,059.77
6/26/2020	511777 PIN PUR 06/26 16:16 EVERETT IGA EVERETT PA 68838201 511777 ~5411	Food			(\$230.40)	\$3,084.27
6/26/2020	569804 PIN PUR 06/26 15:23 WAL-MART #1684 EVERETT PA 24168401 569804 ~5411	Food			(\$249.31)	\$3,314.67
6/26/2020	39000 CL CRESSLE DIR DEP 919: UNCATEGORYIZED			\$3,343.05		\$3,563.98
6/25/2020	145633 PIN PUR 06/25 08:24 EVERETT IGA EVERETT PA 68838201 145633 ~5411	Food			(\$6.89)	\$220.93
6/25/2020	306576 POS PUR 06/25 07:44 SHEETZ 0023 EVERETT PA 08081001 306576 ~5542	Fuel			(\$40.06)	\$227.82
6/24/2020	1709 ATM WTD 06/23 19:03 FIRST NAT BANK EVERETTE PA ATM PA800052 001709 ~6011	ATM			(\$80.00)	\$267.88
6/23/2020	Check 14446 POS PUR 06/20 04:08 ORIGINAL ITALIAN 814-6525135 Restaurants PA 76231127 0144~5812	UNCATEGORIZED	0000000644		(\$1,247.50)	\$347.88
6/22/2020	COMENITYCARD PAY CHECK PYMT 653 735258 PIN PUR 06/20 14:13 RITE AID STORE - EVERETT PA 001 735258 ~5912	UNCATEGORIZED			(\$25.00)	\$1,616.25
6/22/2020	COMENITY CARD CHECK PYMT 655 CenturyLink1318 BILL PYMT 647	UNCATEGORIZED			(\$57.00)	\$1,670.95
6/22/2020	Check 538348 PIN PUR 06/20 13:10 TRACTOR SUPPLY # HUNTINGDON PA 99999999 53834~6599	UNCATEGORIZED	0000000652		(\$76.00)	\$1,727.95
6/22/2020	COMENITYCARD PAY CHECK PYMT 654 Deposit 770660 POS PUR 06/19 07:19 SHEETZ 0023 EVERETT PA 08081001 770660 ~5542	UNCATEGORIZED		\$142.41	(\$29.65)	\$2,034.73

Date	Description	Category	Check	Deposits	Withdrawals	Balance
6/19/2020	CAPITAL ONE ARC CHECK PYMT 0651	UNCATEGORIZED			(\$67.00)	\$1,921.97
6/19/2020	Check	UNCATEGORIZED	0000000650		(\$100.00)	\$1,921.97
6/19/2020	Check	UNCATEGORIZED	0000000649		(\$306.28)	\$2,088.97
6/16/2020	Check	UNCATEGORIZED	0000000640		(\$150.00)	\$2,395.25
	816546 PIN PUR 06/16 19:08					
6/17/2020	EVERETT IGA EVERETT PA 68839201 616546 ~5411	Food			(\$34.31)	\$2,545.25
6/17/2020	Check	UNCATEGORIZED	0000000648		(\$401.09)	\$2,579.56
6/16/2020	Check	UNCATEGORIZED	0000000656		(\$366.00)	\$2,980.65
6/16/2020	Check	UNCATEGORIZED	0000000639		(\$1,247.50)	\$3,346.65
6/15/2020	COMMWLTHOFPATS PAINSTPLAN XXXXX1990	UNCATEGORIZED			(\$75.00)	\$4,594.15
6/15/2020	Check	UNCATEGORIZED	0000000646		(\$200.00)	\$4,669.15
	1143 POS PUR 06/13 15:49					
6/15/2020	RIDGE POOLS BEDFORD PA 00010001 001143 ~5996	Misc. Specialty Retail			(\$248.96)	\$4,869.15
6/12/2020	Check	UNCATEGORIZED	0000000642		(\$100.00)	\$5,118.11
6/12/2020	VERIZON FINANCIAL PAYMENTS 0641	UNCATEGORIZED			(\$719.34)	\$5,218.11
6/12/2020	39000 CL CRESSLE DIR DEP 919	UNCATEGORIZED		\$3,470.29		\$5,937.45
6/9/2020	ERIE LIFE INSUR PREM P 2AT1016284	UNCATEGORIZED			(\$127.51)	\$2,467.16
6/8/2020	ERIE INS GROUP ERIEXPSPAY QXXXX9846	UNCATEGORIZED			(\$444.42)	\$2,594.67
6/8/2020	Check	UNCATEGORIZED	0000000543		(\$650.00)	\$3,039.09
6/3/2020	Check	UNCATEGORIZED	0000000103		(\$47.00)	\$3,689.09
6/2/2020	Check	UNCATEGORIZED	0000000638		(\$38.00)	\$3,736.09
6/2/2020	Check	UNCATEGORIZED	0000000636		(\$100.00)	\$3,774.09
6/2/2020	Check	UNCATEGORIZED	0000000637		(\$100.00)	\$3,874.09
6/1/2020	COMMWLTHOFPATS PAINSTPLAN XXXXX1990	UNCATEGORIZED			(\$75.00)	\$3,974.09
6/1/2020	Check	UNCATEGORIZED	0000000633		(\$100.00)	\$4,049.09

Check Date  
July 10, 2020

Voucher Number  
22297

Direct Deposits	Type	Account	Amount
First National Bank	C	***3126	3,343.05
	<b>Total Direct Deposits</b>		<b>3,343.05</b>

39000 1284-10 919 22297 19720  
 Kevin Scott Foor  
 907 Frame Church Road  
 Everett, PA 15537

39000

### Non Negotiable - This is not a check - Non Negotiable

#### CL Cressler Inc

Kevin Scott Foor

Earnings Statement				
Employee ID	919	Fed Taxable Income	4,607.10	Check Date
Location	1284-10	Fed Filing Status	S-4	Period Beginning
Salary	\$4,848.00	State Filing Status	S-0	Period Ending
				July 10, 2020
				June 22, 2020
				July 5, 2020
				Voucher Number
				22297
				Net Pay
				3,343.05

Earnings	Rate	Hours	Amount	YTD
BONUS				1,450.00
ER HEALT		0.00	445.89	6,242.46
GROUP TE		0.00	3.46	48.44
HOLIDAY-	58.85	8.00	470.79	1,444.66
HOLIDAY-				484.80
PHARMEX				988.99
PTO-PHAR				2,059.47
REGULAR	58.85	74.38	4,377.21	64,373.87
Gross Earnings		82.38	4,851.46	70,844.23
Taxes				
FITW			683.32	10,268.18
MED			67.38	985.73
PA			142.56	2,085.59
PA-310103			74.30	1,086.98
PA-HUN9			2.00	28.00
PASUI-E			2.91	42.49
SS			288.12	4,214.96
Taxes			1,260.59	18,711.93

Deductions	Amount	YTD
401K	40.00	560.00
GROUP TERM LIFE - FLAT AM	3.46	48.44
REIMBURSEMENT		-231.16
S125 DENTAL	11.72	164.08
S125 HEALTH	191.09	2,675.26
S125 VISION	1.55	21.70
Deductions	247.82	3,238.32
Direct Deposits	Type Account	Amount
First National Bank Of Pennsylvania	C ***3126	3,343.05
	<b>Total Direct Deposits</b>	<b>3,343.05</b>

Time Off	Available	Plan Year
To Use	Used	
PTO	41.87	34.50

Check Date  
June 12, 2020

Voucher Number  
21793

	Direct Deposits	Type	Account	Amount
	First National Bank	C	***3126	3,470.29
		Total Direct Deposits		3,470.29

39000 1284-10 919 21793 19270 39000  
Kevin Scott Foor 907 Frame Church Road  
907 Frame Church Road  
Everett, PA 15537

### Non Negotiable - This is not a check - Non Negotiable

#### CL Cressler Inc

Kevin Scott Foor

Earnings Statement			
Employee ID	919	Fed Taxable Income	4,807.10
Location	1284-10	Fed Filing Status	S-4
Salary	\$4,848.00	State Filing Status	S-0
			Check Date June 12, 2020
			Period Beginning May 25, 2020
			Period Ending June 7, 2020
			Voucher Number 21793
			Net Pay 3,470.29

Earnings	Rate	Hours	Amount	YTD
BONUS		0.00	200.00	1,450.00
ER HEALT		0.00	445.89	5,350.68
GROUP TE		0.00	3.46	41.52
HOLIDAY-	60.71	8.00	485.71	973.87
HOLIDAY-				484.80
PHARMEX				988.99
PTO-PHAR				2,053.47
REGULAR	60.71	71.85	4,362.29	55,148.66
Gross Earnings		79.85	5,051.46	61,141.31
Taxes				YTD
FITW			731.32	8,901.54
MED			70.28	850.97
PA			148.70	1,800.47
PA-310103			77.50	938.38
PA-HUN9			2.00	24.00
PASUI-E			3.03	36.67
SS			300.52	3,638.72
Taxes			1,333.35	16,190.75

Deductions	Amount	YTD
401K	40.00	480.00
GROUP TERM LIFE - FLAT AM	3.46	41.52
REIMBURSEMENT		-231.16
S125 DENTAL	11.72	140.64
S125 HEALTH	191.09	2,293.08
S125 VISION	1.55	18.60
Deductions	247.82	2,742.68
Direct Deposits	Type Account	Amount
First National Bank Of Pennsylvania	C ***3126	3,470.29
Total Direct Deposits		3,470.29

Time Off	Available	Plan Year
	To Use	Used
PTO	32.01	34.50

Date	Description	Category	Check	Deposits	Withdrawals	Balance
5/29/2020	Check	UNCATEGORIZED	0000000632		(\$150.00)	\$4,149.09
5/29/2020	30000 CL CRESSLE DIR DEP 919	UNCATEGORIZED		\$3,343.05		\$4,299.09
5/28/2020	CAPITAL ONE ARC CHECK PYMT 0635	UNCATEGORIZED			(\$25.00)	\$956.04
5/28/2020	AAA LIFE INS PREM XXXXX8873 ALAN	UNCATEGORIZED			(\$49.49)	\$981.04
5/27/2020	Check	UNCATEGORIZED	0000000631		(\$20.00)	\$1,030.53
5/27/2020	Credit One Bank Payment 0634	UNCATEGORIZED			(\$60.00)	\$1,050.53
5/27/2020	CenturyLink1319 BILL PYMT 629	UNCATEGORIZED			(\$69.53)	\$1,110.53
5/27/2020	DISCOVER ARC PAYMENTS 630	UNCATEGORIZED			(\$200.00)	\$1,180.06
5/27/2020	Check	UNCATEGORIZED	0000000627		(\$210.00)	\$1,380.06
5/27/2020	Check	UNCATEGORIZED	0000000626		(\$379.00)	\$1,590.06
5/27/2020	West Penn Power CHECK PYMT 0628	UNCATEGORIZED			(\$791.66)	\$1,969.06

[Older Transactions](#)

[Newer Transactions](#)

► ERO must obtain and retain completed Form 8879.  
 ► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

2019

Submission Identification Number (SID)

Taxpayer's name <b>KEVIN FOOR</b>	Social security number <b>* * * - * * - 5320</b>
Spouse's name <b>SANDY FOOR</b>	Spouse's social security number <b>* * * - * * - 5949</b>

**Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)**

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) .....	1	167,079
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) .....	2	21,253
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a) .....	3	20,930
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) .....	4	4,223
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) .....	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize **PETERSON ACCOUNTING GROUP, P.C.** to enter or generate my PIN **56737** as my  
 ERO firm name  
 Enter five digits, but  
 don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are  
 entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► **07/10/20**

Spouse's PIN: check one box only

I authorize **PETERSON ACCOUNTING GROUP, P.C.** to enter or generate my PIN **56737** as my  
 ERO firm name  
 Enter five digits, but  
 don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are  
 entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ► **07/10/20****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**\* \* \* \* \***  
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **MICHAEL J. PETERSON, CPA**Date ► **07/10/20**

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2019)